## UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF COLUMBIA

IN RE:	, )
	,
D	Debtor.) (Chapter)
	ENT OF SOCIAL SECURITY NUMBER
~	PAYER IDENTIFICATION NUMBER
	PPLICATION FOR RELEASE OF UNCLAIMED
FUNDS PURSUANT TO	O 11 U.S.C. § 2042 AND BANKRUPTCY RULE 3011
In support of my Appl	lication for Release of Unclaimed Funds Pursuant to 28
U.S.C. § 2042 and Bankrupto	cy Rule 3011, I hereby state that my Social Security
Number or Taxpayer Identifi	cation Number is:
Social Security Numb	er:
Taxpayer Identification	on Number:
I declare under penalty	y of perjury that the foregoing is true and correct. Executed
on this day of,	,·
	Signature:
Telephone No.:	Printed Name:

## CERTIFICATE OF SERVICE

I hereby certify that copies of the foregoing Statement of Social Security Number or Taxpayer Identification Number in Support of Application for Release of Unclaimed Funds Pursuant to 28 U.S.C. § 2042 and Bankruptcy Rule 3011 was mailed, postage prepaid, this \_\_\_\_\_day of \_\_\_\_\_\_, to: United States Attorney's Office 555 4th Street, N.W. - 5th Floor Washington, DC 20001 Office of United States Trustee 115 South Union Street Suite 210 Alexandria, VA 22314 \_\_\_\_\_, Trustee Signature Printed Name